

No. W 45712		Due no later than Dec 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CORNERSTONE DENTAL CENTER, PLLC MARTY J HANN 8385 N CORNERSTONE DRIVE HAYDEN ID 83835		MARTY J HANN 8385 N CORNERSTONE DRIVE HAYDEN ID 83835	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	MARTY J HANN	4377 W WOODHAVEN LOOP	COEUR D'ALENE	ID	USA 83816
5. Organized Under the Laws of: ID W 45712		6. Annual Report must be signed.* Signature: Lynda Bustamante Name (type or print): Lynda Bustamante Date: 10/22/2015 Title: Financial Administrator			
Processed 10/22/2015		* Electronically provided signatures are accepted as original signatures.			